PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY		OR .	OTHER THAN SMALL ENTITY	
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	IC FEE CFR 1.16(a), (b), or (c	;))									
SEA	RCH FEE FR 1.16(k), (i), or (m										
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))										• .	
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20) =			х =		OR	x =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3				х =			x =	
FEE	LICATION SIZE CFR 1.16(s))	sheets of is \$250 (\$ additional	If the specification and drawings exceed 10 sheets of paper, the application size fee duis \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Se 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter *0* in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II											
(Column 1) (Column 2) (Column 3)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (S)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(i))	. 4	·Minus	"20	= ''		X =		OR	x50 =	
	Independent (37 CFR 1.16(h))	• 4	Minus	*** 3	= /	1	x =		OR	2W =	200
ME	Application Size Fee (37 CFR 1.16(s))					1					
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR	360	٠.
							TOTAL ADD'L FEE		ÖR	TOTAL ADD'L FEE	200
<u> </u>		(Column 1)		(Column 2)	(Column 3)			· ·			
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(i))	•	Minus	**	= .		x =		OR	x =	
AMENDME	Independent (37 CFR 1.16(h))	•	Minus	***	. =		x . =		OR	х =	
ME	Application Size Fee (37 CFR 1.16(s))					1					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					·			OR		
						-	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". 											

The "Highest Number Previously Paid For" (Total or Internation Int ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.